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PTO/SB/97 (08-00)

**Certificate of Transmission under 37 CFR 1.8**

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on June 22, 2005  
Date

  
Signature

J. Matthew Zigmant

Typed or printed name of person signing Certificate

In re: application of: Dirk Reese, et al.  
Application Number: 10/786,370  
Filed: 2/24/2004  
Title: Over-Voltage Protection Of Integrated Circuit I/O Pins  
Atty Docket Number: 015114-067500US JMZ/lo

Being faxed to Examiner - Zweizig, Jeffrey Shawn Group 2816 at facsimile number  
1-703-872-9306 are the following documents:

1. This PTO/SB/97 Certificate of Transmission (1 page);
2. PTO/SB/21 Transmittal Form (1 page);
3. PTO/SB/17 - Fee Transmittal (1 page submitted in duplicate);
4. PTO/SB/22 - Petition to Extend Time (1 page submitted in duplicate); and
5. Amendment (9 pages).

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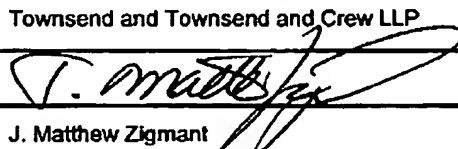
Number of pages being transmitted: 15

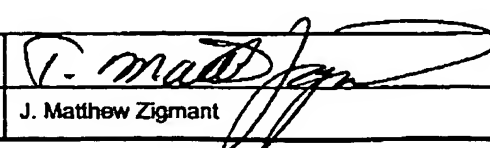
60522411 v1

PTO/SB/21 (09-04)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/786,370	
	Filing Date	February 24, 2004	
	First Named Inventor	Reese, Dirk	
	Art Unit	2816	
	Examiner Name	Zwelzig, Jeffrey Shawn	
Total Number of Pages in This Submission	15	Attorney Docket Number	015114-067500US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page submitted in duplicate) <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Amendment/Reply (9 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Extension of Time Request (1 page submitted in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	This Transmittal Form (1 page); and PTO/SB/97 - Certificate of Transmission (1 page).
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	J. Matthew Zigmant		
Date	6/22/05	Reg. No.	44,005

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9306 on 6/22/05.			
Signature			
Typed or printed name	J. Matthew Zigmant	Date	6/22/05

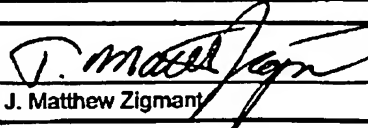
60522409 v1

PTO/SB/17 (12-04)

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/786,370
		Filing Date	February 24, 2004
		First Named Inventor	Reese, Dirk
		Examiner Name	Zweizig, Jeffrey Shawn
		Art Unit	2816
TOTAL AMOUNT OF PAYMENT (\$ ) 450		Attorney Docket No.	015114-067500US

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account   Deposit Account Number: <u>20-1430</u> Deposit Account Name: <u>Townsend and Townsend and Crew LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2035	

<b>FEE CALCULATION</b>																					
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																					
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)														
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)															
Utility	300	150	500	250	200	100															
Design	200	100	100	50	130	65															
Plant	200	100	300	150	160	80															
Reissue	300	150	500	250	600	300															
Provisional	200	100	0	0	0	0															
<b>2. EXCESS CLAIM FEES</b>																					
							Small Entity														
Fee Description							Fee (\$)														
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50														
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200														
Multiple dependent claims							360														
							180														
<table border="0"> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> <th>Multiple Dependent Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>21</td> <td>-20 or HP = 1</td> <td>x \$50</td> <td>= \$50</td> <td></td> <td></td> <td></td> </tr> </table>							Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	21	-20 or HP = 1	x \$50	= \$50				
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)															
21	-20 or HP = 1	x \$50	= \$50																		
<table border="0"> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>5</td> <td>-3 or HP = 2</td> <td>x \$200</td> <td>= \$400</td> </tr> </table>							Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	5	-3 or HP = 2	x \$200	= \$400							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																		
5	-3 or HP = 2	x \$200	= \$400																		
HP = Highest number of independent claims paid for, if greater than 3																					
<b>3. APPLICATION SIZE FEE</b>																					
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																					
<table border="0"> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td></td> <td>- 100 =</td> <td>/ 50 =</td> <td>(round up to a whole number) x</td> <td>=</td> </tr> </table>							Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)		- 100 =	/ 50 =	(round up to a whole number) x	=					
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																	
	- 100 =	/ 50 =	(round up to a whole number) x	=																	
<b>4. OTHER FEE(S)</b>																					
Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)														
Other: _____																					

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	44,005
Name (Print/Type)	J. Matthew Zigmant	Telephone	415-576-0200
		Date	6/22/05

60522352 v1

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JUN 23 2005

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Fax No. 1-703-872-9306 on June 22, 2005.

PATENT  
Attorney Docket No.: 015114-067500US  
Client Ref. No.: A1060

TOWNSEND and TOWNSEND and CREW LLP

By:

J. Matthew Zigmant

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Dirk Reese et al.

Application No.: 10/786,370

Filed: February 24, 2004

For: OVER-VOLTAGE PROTECTION  
OF INTEGRATED CIRCUIT I/O PINS

Customer No.: 26059

Confirmation No. 3403

Examiner: Zweizig, Jeffrey Shawn

Technology Center/Art Unit: 2816

AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the office action mailed March 15, 2005, please enter the following  
amendments and remarks:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this  
paper.

**Remarks/Arguments** begin on page 8 of this paper.

06/24/2005 ZJUHR1 00000002 201430 10786370

02 FC:1201  
03 FC:1202

~~400.00 DA~~  
~~50.00 DA~~

06/24/2005 ZJUHR1 00000004 201430 10786370

02 FC:1202  
03 FC:1201

50.00 DA  
400.00 DA